



huu ay aht

ANCIENT SPIRIT, MODERN MIND

## Trades Discovery Program Application

Applicant Information					
Last Name		First Name		Middle Name(s)	
Street Address				Apartment/Unit #	
City				Prov.	Postal Code
Phone(s)			E-mail Address		
Date of Birth					
Are you a Huu-ay-aht Citizen, as defined by the Huu-ay-aht <b>Citizenship and Treaty Enrolment Act</b> ? If "No", you are not eligible to apply for the HFN Trades Discovery Program.			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are you currently employed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Employer		
If yes, do you plan to continue employment during your participation in the Trades Discovery Program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, how many hours per week?		
Are you or have you ever lived as a child or youth in care in the province of British Columbia (i.e. in foster care)?	Yes <input type="checkbox"/>			No <input type="checkbox"/>	
Do you currently have your Class 5 BC Driver's License?	Yes <input type="checkbox"/>			No <input type="checkbox"/>	
Marriage and Dependent Information					
What is your marital status?	<input type="checkbox"/> Single <input type="checkbox"/> Married/Common-law <input type="checkbox"/> Separated <input type="checkbox"/> Divorced				
If you are currently married or in a common-law relationship, what is the employment status of your spouse?	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed				
Do you have dependents under the age of 19 who currently live with you?	Yes <input type="checkbox"/>				No <input type="checkbox"/>
<b>Please list all dependents who currently live with you.</b>					
<b>Dependent Name</b>	<b>Dependent Date of Birth (i.e. October 10, 2004)</b>				
1.					
2.					
3.					

Office: Anacla Government Office, 170 Nookemus Road, Anacla, B.C., V0R 1B0

Phone: 1.888.644.4555 | 250.728.3414 | Fax: 250.728.1222

Mail: Port Alberni Government Office, 3483 – Third Ave., Port Alberni, BC, V9Y 4E4 | Phone: 250.723.0100 | Fax: 250.723.4646



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4.	
5.	
6.	

### Education and Training History

Please provide a list of the schools or programs you have attended and the results

Name of School/Program	Years	Results (certificate, diploma, etc.)

### Employment History

Please provide a brief description of your work history

Employer	Years	Job Description

### Statement of Intent

<b>Please list all trades that you are interested in learning more about</b>	
<b>Reasons for taking the Trades Discovery Program (please select one)</b>	<input type="checkbox"/> I am interested in one particular trade and I would like the opportunity to gain some experience in this area so that I can know for sure.  <input type="checkbox"/> I want to further my career in the trades but I'm not yet sure which field would be the best fit for my skills and interests.



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		<input type="checkbox"/> Other: <hr/> <hr/>			
<b>Support required for taking the Trades Discovery program:</b>		<input type="checkbox"/> Transport to job shadowing/work site <b>in town</b> <input type="checkbox"/> Transport to job shadowing/work site <b>out of town</b> <input type="checkbox"/> Childcare <input type="checkbox"/> Other: <hr/> <hr/>			
<b>Are you available to begin the Trades Discovery Program immediately?</b>	<b>yes</b> <input type="checkbox"/> <b>no</b> <input type="checkbox"/> (if no, please specify start and end date)	<b>Start Date</b>		<b>End Date</b>	
<b>Full Time</b>	<b>Yes</b> <input type="checkbox"/>	<b>Part Time</b>	<b>Yes</b> <input type="checkbox"/>		
<b>My long term goal is (please provide as much detail as possible):</b>					
<b>Describe the things that you will do to ensure that you are successful in this course.</b>					

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**Code of Conduct and Signature**

***I confirm that the above information provided is complete and accurate. I accept responsibility for doing my best to complete the course successfully and participating in required course activities. After I complete the training I will submit proof of successful completion to the HFN Education Coordinator.***

x

**Student Signature**

**Date**

***Attach signed student funding agreement before final approval of application***



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## Student Funding Agreement

**Your responsibilities are to:**

1. Discuss your goals with the HFN Education Coordinator and ensure that the program you have chosen is the best choice to fulfil them.
2. Attend classes/training as required by the program.
3. Successfully complete all HFN sponsored courses and programs. If you are unsuccessful in the program, you will discuss the reasons with the HFN Education Coordinator.
4. **All students** are required to submit proof of completion to the HFN Education Coordinator within 30 days following the end of the course. Failure to submit proof of completion of your course may jeopardize future funding.
5. Notify the HFN Education Coordinator immediately if you experience difficulty in your course.
6. If you are unable to attend the course as scheduled, you will notify the HFN Education Coordinator prior to the beginning of the course,
7. Communicate with the HFN Education Coordinator.

**I, \_\_\_\_\_, have read and understood the above and agree to these conditions and requirements. Further, I understand that failure to fulfil these requirements and conditions may jeopardize future funding.**

×

**Student Signature**

**Date**

## Information Sharing

**I, \_\_\_\_\_, hereby authorize the Huu-ay-aht Community Services Department to share information regarding my education and training plan, objectives and intent with other organizations in order to assist in the coordination of personalized education and training opportunities.**

×

**Student Signature**

**Date**